

PTO/SB/05 (03-04).
Approved for use through 10/31/2002. OMB 0651-0032.
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCES.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box —

Attorney Docket No. 200017 JOSEPH A. ZIEROLF First Inventor PROCESS AND ASSEMBLY FOR IDENTI

Express Mail Label No. EE364168925US (Only for new nonprovisional applications under 37 CER 1 53(b))

| Only for new nonprovision  | и оррпсителя                 | 3 Und 61 67 11 11:00 (2)    | // 1 <u>= ^</u> | p. 000   | Man Eabor IVO. P     | sistant Commiss | ionor for Patents |  |
|--|------------------------------|-----------------------------|-----------------|--|----------------------|-----------------|-------------------|--|
| APPLICATION ELEMENTS   |                              |                             |                 | ASSISTANT Commissioner for Patents Box Patent Application  |                      |                 |                   |  |
| See MPEP chapter 600 concerning utility patent application contents.                               |                              |                             |                 | Washington, DC 20231   |                      |                 |                   |  |
| Fee Transmittal Form (e.g., PTO/SB/17)    Submit an original and a displicate for fice processing) |                              |                             |                 | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies): or  ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. (when there is an assignee) Attorney  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. (certified Copy of Priority Document(s) (if foreign priority is claimed)  16. (Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other: |                      |                 |                   |  |
| Prior application information: Examiner  |                              |                             |                 |  |                      |                 |                   |  |
|  |                              | 19. CORRESPO                | ONDENC          | E ADD  | RESS                 |                 |                   |  |
| Customer Number or Bar Co  | odc Label                    | (Insert Customer No or Atta | ach bar code    | e label her  | or X                 | Correspondence  | address below     |  |
| Name   | Jack E.                      | Ebel                        |                 |  |                      |                 |                   |  |
|  | 11735 Applewood Knolls Drive |                             |                 |  |                      |                 |                   |  |
| Address  |                              |                             |                 |  |                      |                 |                   |  |
| City   | Lakewood                     |                             | St              | State CO   |                      | Zip Code        | 80215             |  |
| Country  | USA)                         |                             | Teleph          | one  | 303 239-988          | 3 Fax           | 303 274-194       |  |
| Name (Print/Type)  | Jack E.                      | EheX /                      |                 | Real   | stration No. (Attorn | ey/Agent) 28    | 148               |  |
|  | 1111                         | 44/11                       |                 |  |                      | 0.4             | /27/01            |  |
| Signature  | MIM                          |                             |                 |  |                      | Date  04/       | <i>L1/</i> U 1    |  |

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are regimed to complete this form should be sent to the Chief Information Officer. U.S. Patent and Trademark Office. Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Box Patent Application. Washington, DC 20231

PTO/SB/17 (11-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

| (\$) | 1 | 8 | 32 | 0 | 0 |
|------|---|---|----|---|---|
|      |   |   |    |   |   |

| to a concount of information differs it displays a valid Olyb control humber |                   |  |  |  |  |
|--|-------------------|--|--|--|--|
| Complete if Known  |                   |  |  |  |  |
| Application Number   |                   |  |  |  |  |
| Filing Date  | April 27, 2001    |  |  |  |  |
| First Named Inventor   | Joseph A. Zierolf |  |  |  |  |
| Examiner Name  |                   |  |  |  |  |
| Group Art Unit   |                   |  |  |  |  |
| Attorney Docket No.  | 200017            |  |  |  |  |

| METHOD OF PAYMENT   | FEE CALCULATION (continued)    |   |          |  |  |  |
|---|--------------------------------|---|----------|--|--|--|
| 1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:                       | 3. ADDITIONAL FEES             |   |          |  |  |  |
| Deposit   | Large Small<br>Entity Entity   |   |          |  |  |  |
| Account Number 13-1505  | Entity Entity Fee Fee Fee      | Fee Description   | Fee Paid |  |  |  |
| Deposit   | Code (\$) Code (\$)            | ·   | ree Falu |  |  |  |
| Account Marathon Oil Company  | 105 130 205 65 Surch           | narge - late filing fee or oath                                 |          |  |  |  |
| Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17   | 127 50 227 25 Surch<br>cover   | arge - late provisional filing fee or sheet                     |          |  |  |  |
| Applicant claims small entity status  | 139 130 139 130 Non-E          | English specification   |          |  |  |  |
| See 37 CFR 1.27  2. Payment Enclosed:   | 147 2,520 147 2,520 For fi     | ling a request for ex parte reexamination                       |          |  |  |  |
| 2. Payment Enclosed:  Check Credit card Order Other   |                                | esting publication of SIR prior to inner action                 |          |  |  |  |
| FEE CALCULATION   |                                | esting publication of SIR after inner action                    |          |  |  |  |
| 1. BASIC FILING FEE   | 115 110 215 55 Exter           | nsion for reply within first month                              |          |  |  |  |
| Large Entity Small Entity   | 116 390 216 195 Exten          | sion for reply within second month                              |          |  |  |  |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid  | 117 890 217 445 Exten          | sion for reply within third month                               |          |  |  |  |
| 101 710 201 355 Utility filing fee 710  | 118 1,390 218 695 Exten        | sion for reply within fourth month                              |          |  |  |  |
| 106 320 206 160 Design filing fee   | 128 1,890 228 945 Exten        | sion for reply within fifth month                               |          |  |  |  |
| 107 490 207 245 Plant filing fee  | 119 310 219 155 Notice         | e of Appeal   |          |  |  |  |
| 108 710 208 355 Reissue filing fee  | 120 310 220 155 Filing         | a brief in support of an appeal                                 |          |  |  |  |
| 114 150 2:14 75 Provisional filing fee  | 121 270 221 135 Requi          | est for oral hearing  |          |  |  |  |
| SUBTOTAL (1) (\$) 710   | 138 1,510 138 1,510 Petitic    | in to institute a public use proceeding                         |          |  |  |  |
|   | 140 110 240 55 Petitic         | n to revive - unavoidable                                       |          |  |  |  |
| 2. EXTRA CLAIM FEES Fee from  | 141 1,240 241 620 Petitic      | n to revive - unintentional                                     |          |  |  |  |
| Extra Claims below Fee Paid   | 142 1,240 242 620 Utility      | issue fee (or reissue)  |          |  |  |  |
| Total Claims 69 -20** = 49 x 18 = 882   | 143 440 243 220 Design         | n issue fee   |          |  |  |  |
| Claims  | 144 600 244 300 Planti         | ssue fee  |          |  |  |  |
| Multiple Dependent =  | 122 130 122 130 Petitic        | ns to the Commissioner  |          |  |  |  |
| Large Entity Small Entity   | 123 50 123 50 Proce            | ssing fee under 37 CFR 1 17(q)                                  |          |  |  |  |
| Fee Fee Fee Fee Description   | 126 180 126 180 Submi          | ssion of Information Disclosure Stmt                            |          |  |  |  |
| Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20  |                                | ding each patent assignment per ty (times number of properties) |          |  |  |  |
| 102 80 202 40 Independent claims in excess of 3   |                                | a submission after final rejection<br>FR § 1.129(a))            |          |  |  |  |
| 104 270 204 135 Multiple dependent claim, if not paid  109 80 209 40 ** Reissue independent claims over original patent |                                | ach additional invention to be<br>ned (37 CFR § 1.129(b))       |          |  |  |  |
| 110 18 210 9 **Reissue claims in excess of 20   | 179 710 279 355 Reque          | est for Continued Examination (RCE)                             |          |  |  |  |
| and over original patent  |                                | est for expedited examination esign application                 |          |  |  |  |
| SUBTOTAL (2) (\$) 1122  | or a d<br>other fee (specify)  | eargh application   |          |  |  |  |
| • or number previously paid, if greater, For Reissues, see above  | Reduced by Basic Filing Fee Pa | aid SUBTOTAL (3) (\$)   |          |  |  |  |

| SUBMITTED BY       |              | <br>                    | Complete (d | applicable)    |
|--------------------|--------------|-------------------------|-------------|----------------|
| Name (Printi Type) | Jack E. Ebel | Registration No. 28,148 | Telephone   | 303 239-9883   |
| Signature          | My Elly      |                         | Date        | April 27, 2001 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.